



# EARLY INTERVENTION PARTNERSHIPS PROGRAM

## Introduction to the Assessment Guide

The Comprehensive Health Assessment (CHA) was developed based on Key Assessment Areas (KAA). Each KAA has a description in this guide that includes the corresponding standard of care, potential questions, and a list of additional tools and resources. As categorical and clear as we have tried to make each KAA, we urge you not to be too categorical in your thinking. There is necessary overlap, where you may be assessing multiple KAA's by one single question or conversation.

Each KAA is rated on a Likert scale, 0 – 3, with '3' being the highest strength and '1' being the low strength, indicating a risk or potential issue that should be examined further, while '0' indicates unable to assess. The MCH Nurse or Social Worker is expected to use clinical judgment in assessing level of strength based on the assessment of indicators and the coping strategies utilized by the mother. The sub-sections within each KAA are to provide the MCH Nurse or the Social Worker with reminders of topics to cover within the KAA.

The 'potential questions' described are not an exhaustive assessment. They are only a beginning. Whatever the guide or tool provided, your ability to establish a therapeutic relationship is key to the success of EIPP. In order to establish a therapeutic relationship, the MCH Nurse or Social Worker will:

- Earn the clients trust;
- Encourage the client to ask questions;
- Ask open ended questions;
- Use a nonjudgmental approach which shows the client respect and kindness;
- Present information in an unbiased, client sensitive manner;
- Actively listen to the clients concerns;
- Understand the effects of nonverbal communication;
- Recognize when s/he cannot sufficiently help a client then refers the client to someone who can;
- Identify the client's wishes;
- Assist the client in developing a plan to attain those wishes;
- Identify barriers to taking next steps; and
- Work with the client on ways to reduce those barriers.

Once each KAA is addressed, the MCH Nurse or Social Worker is to make a clinical determination of the overall level of strength of the mother based on clinical judgment and the family's ability to cope with identified stresses. We encourage the MCH Nurse and Social Worker to assume a holistic approach in conducting the assessment and determining a global level of strength.

Within this guide, there are a variety of additional resources that may help you with your work. In particular, we would like to highlight these KEY Resources:

- [Maternal and Child Health Home Visiting Nursing Standards and Competencies](#)
- [Wic Works Sharing Gallery, Counseling and Education](#)
- [Perinatal Nursing Modules, March of Dimes](#)

## **Key Assessment Area: Access and Utilization of Care**

**Related Standard of Care:** 3.0

### **Suggestions for Framing Questions and Providing Counseling:**

The following key areas need to be addressed:

- Primary Care, Pediatric Care, OB/GYN, Midwife, Family Practice, and other services
- Information on selecting providers
- Self-advocacy tools to be full partners in their health care
- Immunization status
- Follow-up to determine if referrals result in service provision
- Health insurance
- Referral and follow-up support to ensure access to all identified service needs per CHA

### **Tools and Resources:**

#### **One-stop shopping:**

- [Massachusetts 211](#) – Get connected. Get answers – A United Way Program, Phone: 211

#### **Disability services/resources:**

- [Massachusetts Department of Developmental Services](#),  
Phone: 617-727 5608; TTY: (617) 624-7783
- [Massachusetts Department of Public Health, Community Support Line for Children with Special Health Care Needs](#), Phones: 800-882-1435 or 617-624-6060
- [Massachusetts Commission for the Blind](#), Phone: 800-392-6450; TTY: 800-392-6556
- [Federation for Children with Special Needs](#), Phone: 800-331-0688, 617-236-7210
- [Massachusetts Family Ties](#), Phone: 800-905-TIES (8437)
- [Massachusetts Office on Disability](#), Phone: 800-322-2020
- [MASSTART](#) (Massachusetts Technology Assistance Resource Team),  
Phone: 978-851-7261 x4022

#### **Economic security:**

- [Department of Revenue Child Support Enforcement](#), Phone: 800-332-2733, 617-660-1234
- [Fuel Assistance Program](#), Phone: 800-632-8175
- [Good Neighbor Energy Fund](#),  
Eastern Massachusetts: 800-334-3047; Western Massachusetts: 800-262-1320
- [Massachusetts Department of Transitional Assistance](#),  
Phones: 877-382-2363; 617-348-8400
- [Massachusetts Division of Employment and Training](#),  
Phones: 877-626-6800; 617-626-5300; 617-626-6560
- [Social Security Administration](#), Phone: 800-772-1213; TTY: 800-325-0778
- [Utility Company Discounts](#), check specific companies or bills
- [Massachusetts Virtual Gateway](#)

**Education/Literacy:**

- [ASA College Planning Center](#), Phone: 877-332-4348; 617-536-0200
- [Massachusetts Adult Literacy Hotline](#), Phone: 800-447-8844
- [Massachusetts Department of Education](#), Phone: 781-338-3000

**Emergency care:**

[Poison Control Center](#),

If the victim has collapsed or is not breathing, **CALL 911** for an ambulance;

**POISON EMERGENCY; CALL 800-222-1222;**

Hearing impaired, call 888-244-5313. 24 hours a day, 7 days a week;

All other calls: 617-355-6609

**Food security:**

- [Food Source Hotline](#), **Project Bread**, Phone: 800-645-8333; TTY: 800-377-1292
- [WIC](#), Massachusetts, Phone: 800-942-1007

**Healthcare:**

- [Catastrophic Illness in Children Relief Fund](#),  
Phone: 800-882-1435; TTY 617-624-5992
- [Children's Medical Security Plan](#),  
MassHealth Customer Service: 800-841-2900; TTY: 800-497-4648;  
CMSP Customer Service: 800-909-2677
- [Health Care for All Health Helpline](#), Phone: 800-272-4232
- [Massachusetts Health Connector](#), Phone: 877-MA-ENROLL (6765)
- [Massachusetts League of Community Health Centers](#), Phone: 800-475-8455
- [MassHealth/Medicaid Health Insurance](#),  
Customer Service: 800-841-2900; Enrollment Center: 888-665-9993; TTY: 800-497-4648
- [Federally Qualified Health Centers Center](#)

**Housing:**

- [Massachusetts Affordable Housing Alliance](#), Phone: 617-822-9100
- [Massachusetts Coalition for the Homeless](#), Phone: 781-595-7570
- [Massachusetts Coalition for Occupational Health and Safety](#),  
Phone: 617-825-SAFE (7233)
- [Massachusetts Department of Housing and Community Development](#),  
Phone: 617-573-1100; TTY 617-573-1140
- [Section 8 Housing](#), Phone: 877-868-0040
- [National Coalition for the Homeless](#)
- [USDHHS, Homelessness](#)
- [SAMHSA, Resources for Those Experiencing Homelessness](#)

**Mental Health:**

- [Massachusetts Department of Mental Health](#), Phone: 800-221-0053
- [Massachusetts Council on Compulsive Gambling](#), Phone: 800-426-1234

**Legal:**

- [Housing Related Legal Assistance, Greater Boston Legal Services](#), Phone: 800-323-3205
  - [Massachusetts Commission Against Discrimination](#),  
Phones:
    - Boston office: 617-994-6000
    - Springfield office: 413-739-2145
    - Worcester office: 508-799-8010
    - New Bedford office: 508-990-2390
  - [Office of Consumer Affairs and Business Regulation](#); Phone: 888-283-3757
  - [The Attorney General's Guide to Landlord/Tenant Rights](#),  
Phone: 617-727-2200
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**Key Assessment Area: *Reproductive Health and Family Planning***

**Related Standard of Care:** 4.0

**Suggestions for Framing Questions and Providing Counseling:**

An effective Family Planning Counselor<sup>1</sup>:

- Understands the benefits and limitations of all contraceptive methods.

Understands the cultural and emotional factors that affect a woman's (or a couple's) decision to use a particular contraceptive method.

An effective Family Planning Counselor also acknowledges the impact Interpersonal Violence (IPV) has on a woman's ability to negotiate birth control choices with her partner.

**Potential Questions:****Postpartum visit:**

- Have you scheduled your postpartum visit with your OB/GYN between 21-56 days after birth?

**Family planning in pregnancy:**

- Was this a good time for you to be pregnant? (This question helps the provider or home visitor understand the woman's family planning history, but also understand the woman's stage of acceptance for this pregnancy.)
- In the past, what method did you or your partner use to prevent pregnancy?
- After your baby is born, have you thought about using a method to keep you from getting pregnant before you're ready?

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<sup>1</sup> <http://www.reproline.jhu.edu/english/6read/6multi/pg/index.htm>

**Reproductive health:**

- Have you been pregnant before? How did the pregnancy go?
- Have you ever had a miscarriage or have you terminated a pregnancy? How was that for you? (Assess for medical risk, loss or trauma.)
- Previous loss of an infant?

**Risk for STIs/HIV:**

- There are two safer sex scenarios recognized by CDC.
  1. One is MMUP (Mutually monogamous uninfected partner). This is the only really “safe” sex there is. It means you only have sex with one person, who only has sex with you and you have both been tested for STIs and both are found not to be infected.
  2. The other is condom use with ALL partners.

The purpose of HIV/STI risk assessment is to help the client discover for herself whether she is putting herself at risk.<sup>2</sup>

- Tell me about your current sexual relationship or relationships?
- How old were you the first time you had a sexual experience with another person?
- During your life, with how many people have you had sexual intercourse?
- The last time you had sexual intercourse, did you use a condom?
- Do you feel comfortable talking to your partner about using a condom?
- What are you doing now to protect yourself from HIV and other sexually transmitted infections?
- Have you ever had an STI – such as chlamydia, trichomoniasis, herpes, warts, gonorrhea or syphilis?
- Have you been tested for STIs? Have you been offered HIV testing? Did you get tested?

**Tools and Resources:**

- [\*A Pocket Guide to Managing Contraception\*](#), Robert A. Hatcher, M.D., MPH,
- [AIDS Action Committee](#), HIV/STD Hotline and website Phone: 617-437-6200
- [American College of Obstetrics and Gynecology](#)
- [\*Asking the Hard Questions: A Reproductive Health Provider's Guide to Client-Centered HIV Risk Assessment\*](#), JSI Research and Training Institute, Inc.
- [Association of Women's Health, Obstetric and Neonatal Nurses](#)
- [Center for Disease Control – STDs](#)
- [Centers for Disease Control and Prevention, Reproductive Health](#)
- [Centers for Disease Control and Prevention, Sexually Transmitted Diseases \(STDs\)](#)
- [Contraceptive Technology, a Handbook for Clinic Staff](#), Robert A. Hatcher, M.D., MPH
- [Healthfinder.gov, Family Planning](#)
- [Healthfinder.gov, Reproductive Health](#)
- [Healthy People 2020](#)  
Information available in Spanish, Portuguese, French and Russian
- [Massachusetts Department of Public Health Sexual and Reproductive Health Program](#)  
Phone: 617-624-6060
- [Massachusetts Department of Public Health Office of Health and Disability](#),  
Phone: 617-624-5957
- [Massachusetts League of Community Health Centers](#), Phone: 800-475-8455
- [National Center for HIV, STD and TB Prevention, Division of Sexually Transmitted Diseases](#)

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<sup>2</sup> Asking the Hard Questions: A Reproductive Health Provider's Guide to Client-Centered HIV Risk Assessment, JSI Research and Training Institute, Inc.

- [National Institute of Health, Medline Plus](#)
- [National Woman's Health Resource Center](#)
- [The Office of Women's Health, US Dept. of Health and Human Services](#)
- [Our Bodies Ourselves](#)
- [Planned Parenthood League of Massachusetts](#)

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## **Key Assessment Area: *Oral Health***

**Related Standards of Care:** 2.0 and 8.0

### **Suggestions for Framing Questions and Providing Counseling:**

In supporting and teaching pregnant and nursing women, the nurse utilizes technical, interpersonal and critical thinking skills to:

- Teach that new research shows, the more unfilled cavities a mother has, the more cavity causing germs she can pass on to her baby through daily contact.
- Teach that research demonstrates a connection between oral health and pre-term birth.
- Elicit mother's feelings about her experiences with dental care.
- Identify accessible resources for dental care.

### **Potential Questions:**

- When was your last routine dental check-up or cleaning?
- When do you brush your teeth or floss?
- Do you have pain in your teeth, gums or mouth?
- Do you have a dentist? Do you need help in finding a dentist?
- What makes it hard for you to get dental care services?
- Is fluoride included in your diet? Your baby's diet?

### **Tools and Resources:**

- [American Academy of Pediatrics](#)
- [American Dental Association](#)
- [Boston University Dental Care Services](#)
- [Bright Futures, Oral Health](#)
- [Centers for Disease Control and Prevention, Community Guide to Prevention](#)
- [Centers for Disease Control and Prevention, Oral Health](#)
- [Harvard Dental Center at the Harvard School of Dental Medicine](#)
- [Healthfinder.gov, Oral Health](#)
- [Healthy People 2020, Oral health](#)
- [Massachusetts Dental Society](#)
- [MassHealth/Medicaid Health Insurance](#)  
Customer Service: 800-841-2900; Enrollment Center: 888-665-9993; TTY: 800-497-4648
- [National Institute of Dental and Craniofacial Research at NIH](#)
- [National Institute of Dental and Craniofacial Research at NIH, A Healthy Mouth for Your Baby](#)
- [National Maternal and Child Oral Health Center](#)
- [Oral Health America](#)
- [The Oral Cancer Foundation, the HPV Connection](#)

- [The Oral Cancer Foundation, the Tobacco Connection](#)
  - [Tufts University Dental Care Services](#)
  - [Women's Health.gov, Oral Health Fact Sheet](#)
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## **Key Assessment Area: *Nutrition***

**Related Standard of Care:** 6.0

### **Suggestions for Framing Questions and Providing Counseling:**

In supporting and teaching pregnant and nursing women, the nurse utilizes technical, interpersonal and critical thinking skills to:

- Teach basics of a healthy diet using [USDA, Choose My Plate for Pregnant and Breastfeeding Moms](#).
- Elicit the mother's feelings and concerns around eating and nutrition.
- Adapts nutrition counseling to the mother's specific needs, culture and family values.
- Assess for issues related to self-image, possible eating disorders, or participant's feelings about weight gain in pregnancy.

### **Potential Questions:**

#### **Questions for mom:**

- How is your appetite?
- How many meals do you have a day?
- How many fruits and vegetables did you eat yesterday?
- What concerns or questions do you have about your diet, eating habits or weight gain?
- Do you feel like you're gaining the right amount of weight? Too much? Too little?
- What is your goal for weight gain during this pregnancy?
- What are your favorite foods?
- What kinds of fish do you eat? How often?
- How are your bowel movements?
- What color is your urine?
- What over the counter medication or herbal supplements do you take?
- Are you avoiding certain foods during your pregnancy or while nursing?

#### **Questions for newborn/infant:**

- How do you know that your baby is hungry?
- How can you tell that your baby may be in a growth spurt?
- What do you feed your baby?
- How do you feed your baby?
- How do you know your baby has had enough to eat?

Infant Weight Gain should be assessed based on these general parameters:

- Wt/ht >90<sup>th</sup> percentile or <10<sup>th</sup> percentile: Low Strength
- Wt/ht between 75<sup>th</sup> and 90<sup>th</sup> percentile, or between 10<sup>th</sup> and 25<sup>th</sup> percentile: Medium Strength
- Wt/ht between 25<sup>th</sup> and 75<sup>th</sup> percentile: High Strength

Also consider the following:

- Assess for large fluctuations in weight
- Use of prenatal and postpartum vitamins
- Promotes use of iron rich foods
- Frequency of feedings and adequate number of ounces
- Reporting 6-8 wet cloth diapers (4-6 wet disposable diapers) every 24 hours after five days
- Reports 24 hour recall of foods with all food groups represented
- Exposure to potential contaminants including mercury in fish
- Explore infant reflexes related to feeding
- Explore importance of holding during feedings
- Discuss access to food and ability to store food adequately

#### **Tools and Resources:**

- [CDC - Community Guide to Prevention, Nutrition](#)
- [CDC- BMI](#)
- [CDC Growth Charts](#)
- [Federation of Massachusetts Farmer's Markets](#)
- [Massachusetts Department of Public Health, Environmental Health, Fish \(mercury\) and other environmental hazards including lead](#)
- [Mass in Motion](#)
- [Massachusetts Department of Agricultural Resources](#)
- [Nemour's Kids Health](#)
- [Project Bread](#), the Food Source Hotline 617-723-5000
- [The Growth and Nutrition Program at Children's Hospital Boston](#)
- [The John Stalker Institute for Food and Nutrition](#)
- [The Nutrition Source, Harvard University School of Public Health](#)
- [USDA, Choose My Plate for Pregnant and Breastfeeding Moms](#)
- [USDA Dietary Guidelines](#)
- [USDA, Nutrition.gov](#)
- [WIC Works Sharing Gallery](#)
- [WIC, Massachusetts](#), Phone: 800-942-1007
- [WIC, Touching Hearts, Touching Minds](#)
- Healthfinder.gov,
  - [Mom](#)
  - [Child](#)
  - [Healthy eating](#)

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### **Key Assessment Area: *Breastfeeding***

**Related Standards:** 5.0

#### **Suggestions for Framing Questions and Providing Counseling:**

In supporting and teaching pregnant and nursing women, the nurse utilizes technical, interpersonal and critical thinking skills to:

- Teach skills needed for successful breastfeeding.



- Elicit the mother's feelings and concerns around breastfeeding.
- Recognize one's knowledge, limitations and biases about breastfeeding and utilize other sources as needed.

The most common barriers associated with breastfeeding (WIC, Best Start)

- Lack of confidence
- Embarrassment
- Fear of loss of freedom
- Concerns about "too strict" health and dietary requirements
- Influence from family and friends

Best Start Counseling Strategies

- Ask open-ended questions
- Affirm feelings
- Educate

### **Potential Questions:**

- Have you thought about how you will feed your baby?
  - What have you heard about breastfeeding?
  - How does your partner (family, friends) feel about your breastfeeding?
  - Have you breastfed or bottle-fed your other babies?
  - What are your feelings about breastfeeding?
  - What concerns or questions do you have about breastfeeding?
  - What do you know about breastfeeding?
- 
- How do you know that your baby is hungry?
  - How do you know when your baby had had enough?
  - How frequently do you breastfeed?
  - What else are you feeding your baby?
  - How has breastfeeding been working out for you?
  - How many wet diapers a day?

### **Tools and Resources:**

- [Association of Women's Health, Obstetric and Neonatal Nurses](#)
- [Boston Association of Childbirth Education](#)
- [Healthfinder.gov, Breastfeeding](#)
- [Healthy Children's Center for Breastfeeding, Certified Lactation Counselor \(CLC\) Training Program](#)
- [La Leche League International of Massachusetts](#)
- [Massachusetts Breastfeeding Coalition](#)
- [Massachusetts Department of Public Health, Breastfeeding Initiative](#)
- [National Woman's Health Information Center- Breastfeeding](#)
- [The CDC Guide to Breastfeeding Recommendations](#)

- [WIC Works Sharing Gallery](#)
- [WIC, Massachusetts](#), Phone: 800-942-1007
- [WIC, Touching Hearts, Touching Minds](#)

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## **Key Assessment Area: *Physical Activity***

**Related Standards of Care:** 6.0

### **Suggestions for Framing Questions and Providing Counseling:**

In supporting and teaching pregnant and nursing women, the nurse utilizes technical, interpersonal and critical thinking skills to:

- Suggest moderate activities or exercise, such as taking a daily walk, borrowing exercise tapes from the library or teaching her some simple exercises she can do at home
- Demonstrate to the mother the importance of regular exercise for a healthy pregnancy and for her baby's health
- Reinforce her role in helping her child develop healthy habits in physical activity.
- Listen to mother's feelings and past experiences with physical activity and supports her in her current efforts in physical activity.
- Assessing the mother's interests, abilities and resources creates a plan for physical activity that includes both mother and baby.

### **Potential Questions:**

- What do you do for exercise?
- What do your children do for exercise?
- What have been your experiences with exercise in the past?
- How do you feel when you exercise?
- How can you help your child to be active and interested in exercise?
- Describe your daily activity and rest pattern.
- How many hours a day do you use a computer or watch television?
- How many hours a day do your children watch television?
- What do you do for fun?
- What might be some ways that you could incorporate more physical activity into your, and your children's, daily routine?
- How do you choose toys for your baby?
- How do you keep your baby safe while allowing him/her to be physically active?

### **Tools and Resources:**

- [American Heart Association, Get Moving](#)
- [BAM – CDC interactive website for kids](#)
- [Bright Futures in Practice: Physical Activity](#)
- [CDC Nutrition and Physical Activity](#)
- [CDC, Community Guide to Prevention](#)
- [Healthfinder.gov, Physical Activity](#)

- [Mass in Motion – Move More](#)
- [National Center on Physical Activity and Disability](#)
- [National Sports Center for the Disabled](#)
- [Nemour’s Kids Health](#)
- [NIH, Heart, Lung and Blood Institute, Physical Activity](#)
- [President’s Council on Fitness, Sports and Nutrition](#)
- [USDHHS Physical Activity Guidelines for Americans](#)

## **Key Assessment Area: *Cognitive and Perceptual***

**Related Standard of Care: 1.0**

### **Suggestions for Framing Questions and Providing Counseling:**

- Use open-ended questions
- Scoring in the cognitive/perceptual area is difficult and subjective. Use observations from the entire interview to inform this piece of the assessment.
- One way to assess knowledge is to have a mother verbalize her knowledge.
- It may help to start with “People learn in different ways, by reading watching videos, talking etc. We want to know how you learn best so we can work together.”
- Or, “There is a lot of information out there about pregnancy and parenthood; it is helpful to find out from you what you already know so that we can teach each other.”

### **Potential Questions:**

- How do you best learn new information?
- Tell me about a recent problem you solved and the steps you went through to solve it.
- How are you at solving problems? Can you give me an example?
- Tell me what you know about the physical changes in pregnancy.
- Tell me what you know about the emotional changes in pregnancy
- What are some of the danger/complication signs during pregnancy and postpartum?
- What do you think will be/are some of the physical changes that women experience in the first year of parenthood?
- What do you think will be/are some of the emotional changes that women experience in the first year of parenthood?
- What were the results of the baby’s hearing screen?

### **Tools and Resources:**

- [Massachusetts Chapter of the National Association of Social Work](#)
- [Massachusetts Department of Mental Health](#), Phone: 800-221-0053
- [Massachusetts Department of Developmental Services](#), Phone: 617-727 5608
- [Massachusetts Department of Transitional Assistance](#) Phone: 877-382-2363
- [Massachusetts Office of Labor and Workforce Development](#), Phone: 877-626-6800
- [Massachusetts Office on Disability](#), Phone: 800-322-2020
- [Massachusetts Rehabilitation Commission](#), Phone: 800-245-6543 (Voice/TDD);

617 204-3600

- [MASSTART](#) (Massachusetts Technology Assistance Resource Team),  
Phone: 978-851-7261 x: 4022
- [MassHealth/Medicaid Health Insurance](#),  
Customer Service: 800-841-2900; Enrollment Center: 888-665-9993; TTY: 800-497-4648
- [National Center for Education in Maternal and Child Health, Georgetown University, Knowledge Base and Library Collection](#)
- [Social Security Administration](#) (SSDI), Phone: 800-772-1213; TTY: 800-325-0778

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## **Key Assessment Area: *Environmental Health***

**Related Standards of Care:** 8.1; 8.4; 8.5; 8.6; 8.7

### **Suggestions for Framing Questions and Providing Counseling:**

#### **Lead poisoning:**

- Was the home built before 1978? If so, does the dwelling have a Massachusetts Letter of Compliance with the Lead Law?
- Did you recently renovate any rooms in your home such as the baby's room?
- Have you recently scraped, peeled, or burned any painted structures in your home?
- Is there chipping or peeling paint present in the home? On the exterior of the home? Around the windows? On the stair railing?

#### **Asthma:**

- Has your health care provider ever told you that your child may/has asthma?
- Have you visited the ER because of your/your child's asthma?
- Are there any furry or feathered pets (cat/dog/birds) present in the home?
- Is the dwelling free from rodents, insect infestation, skunks, and cockroaches?
- Is there excessive moisture or accumulated water present indoors?
- Do either you, or another person living in your home, smoke cigarettes or cigars?

#### **Injury prevention:**

- Do you have child safety gates in place?
- Are all exits clear from obstructions?
- Is the dwelling free of poisonous plants?
- Do you have a fire escape plan you practice regularly?
- Are radiators and wood/coal burning stoves barricaded and childproof?
- Is the hot water heater set no higher than 130 degrees?
- Are the crib slats no more than 2 3/8 inches apart? How old is the crib? (New cribs have to be compliant.)
- Is the distance between the crib mattress and the railing no more than the width of two fingers?
- Are all small items and choke hazards kept away from the baby's reach?
- Has the car seat installation been checked for safety?

**Housing stability:**

- Do you feel unsafe where you live?
- How long have you been in your current house/apartment?
- Do you have challenges paying your rent?
- Do you find it challenging to pay your bills most months?
- Are you facing or have you ever faced eviction?

**Tools and Resources:****Asthma:**

- [Allergy, Asthma and Immunology Online](#) (American College of Allergy, Asthma & Immunology)
- [American Academy of Pediatrics](#)
- [CDC, Asthma](#)
- [EPA, Asthma](#)
- [Healthfinder.gov, Asthma](#)
- [HUD, Making Healthier Homes for Families](#)
- [MDPH, Asthma Prevention and Control Program](#)
- [MTCP Second Hand Smoke](#)
- [National Institutes of Health, Medline Plus](#)

**Child passenger safety:**

- [Boston Public Health Commission, BuckleUpBoston!](#) Phone: 617- 534-5395
- [Finding CPS Technicians and Check-Up Events](#), Phone: 888-327-4236
- [National Highway Safety Traffic Administration](#), Auto Safety Hotline, Phone: 888-327-4236

**Lead and other environmental health concerns:**

- [CDC Childhood Lead Poisoning](#)
- [Childhood Lead Poisoning Prevention Program](#), Phone: 800-532-9571
- [Environmental Protection Agency Indoor Air Quality Information](#), Phone: 888-372-7341
- [Healthfinder.gov, Lead](#)
- [Massachusetts Healthy Homes Project](#)
- [Nemours, Kids Health, Lead](#)

**Injury prevention:**

- [American Academy of Pediatrics, Injury Prevention Counseling Guide](#)
- [Boston Public Health Commission, Injury Prevention](#)
- [CDC, Injury Prevention](#)
- [Federal Recall Website](#)
- [Healthfinder.gov, Injury](#)
- [Healthy People 2020, Violence and Injury Prevention](#)
- [Massachusetts Coalition for Occupational Health and Safety](#)
- [Massachusetts Department of Public Health, Injury Prevention and Control Program](#), Phone: 617-624-5557
- [Safe Kids, USA](#), Phone: 202-662-0600

- [US Department of Labor Occupational Safety and Health Administration](#)

#### **Housing stability:**

- [Greater Boston Legal Services](#), 617-371-1234
  - [Habit for Humanity](#)
  - [Habit for Humanity, Boston](#)
  - [Horizons for Homeless Children in Massachusetts](#)
  - [Housing Related Legal Assistance](#)
  - [HUD - Housing and Urban Development, MA](#)
  - [Massachusetts Department of Housing and Community Development](#)
  - [National Coalition for the Homeless](#)
  - [Office of Consumer Affairs and Business Regulation](#): Phones: 888-283-3757
  - [SAMHSA, Resources for Those Experiencing Homelessness](#)
  - [Section 8 Housing](#), Phone: 877-868-0040
  - [Social Security Administration](#), Phone: 800-772-1213
  - [The Attorney General's Guide to Landlord/Tenant Rights](#), Phone: 617-727-8400
  - [USDHHS, Homelessness](#)
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### **Key Assessment Area: *Alcohol, Tobacco and Other Drugs***

**Related Standard of Care:** 7.0

#### **Substance Abuse:**

##### Summary Information<sup>1</sup>

- Five to 10% of all women have substance abuse problems during pregnancy.
- 1 in 6 pregnant women in Massachusetts consumed alcohol during the past month.
- Massachusetts has the 2<sup>nd</sup> highest rate of drinking (67.2%) among women of child-bearing age in the US.
- Massachusetts has the 6<sup>th</sup> highest rate of binge drinking (5 or more drinks on the same occasion) in the country.
- There has been NO SAFE level of alcohol use established in pregnancy; therefore all women should be advised to abstain from drinking any alcohol at all.
- Substance abuse contributes to obstetric and pediatric complications, including fetal alcohol spectrum disorder (FASD), prematurity, low birth weight and abruptio placenta. FASD is the leading cause of preventable mental retardation in the US.
- Treatment for substance abuse during pregnancy is significantly more effective than at other times in a women's life.
- Quick, brief questionnaires have been demonstrated to be effective in prenatal care for assessing alcohol and drug use.

Specific terms should be used when interviewing clients:

- An alcohol drink refers to: one 12-oz bottle/can of beer/wine cooler; one 5-oz glass of wine; one shot (1.5 oz) of hard liquor or spirits; 3.5 oz. of sherry; 2.5 oz. of a liqueur or an aperitif.

- Drugs include all forms of marijuana, cocaine, heroin, speed, etc.

The key to effective use of any risk assessment tool is to screen everyone, screen every visit and be supportive and non-judgmental. Stress the benefits of abstinence and offer to help the client achieve it. Know where and how to refer clients for further assessment and intervention.

### **Tools and Resources:**

- [Alcoholics Anonymous](#)
- [American Academy of Child and Adolescent Psychiatry: Teens: Alcohol and Other Drugs](#)
- [CDC, Alcohol and Public Health](#)
- [Institute for Health and Recovery](#), Phone: 617-661-3991  
Email: [ihr@healthrecovery.org](mailto:ihr@healthrecovery.org)
- [Massachusetts Department of Public Health Bureau of Substance Abuse Services](#),  
Phones: 800-327-5050
- [Massachusetts Substance Abuse Information and Education Helpline](#),  
Phone: 800-327-5050
- [Narcotics Anonymous](#)
- [National Council on Alcoholism and Drug Dependence, Inc.](#)
- [National Institute on Alcohol Abuse and Alcoholism](#)
- [National Institute on Drug Abuse](#)
- [National Organization of Fetal Alcohol Syndrome](#), Phone: 800-66-NOFAS
- [Nemour's Teen Health, Alcohol & Drugs](#)
- [SAMSA Fetal Alcohol Spectrum Disorders](#)
- [Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#):  
Treatment locator; Suicide Prevention Hotline; Prevention and Justice Information

### **References:**

<sup>1</sup>Morse B., Gehshan S., Hutchins E. 1997. Arlington VA: National Center for Education in Maternal Child Health. Screening for Substance Abuse during Pregnancy: improving care, improving health.

### **Tobacco:**

#### Summary Information

- The death rate for infants of smokers is 59% higher than the rate for non-smokers.<sup>2</sup>
- 22% of women in the US smoke—13-22% smoke during pregnancy.<sup>2</sup>

Smoking during pregnancy increases risk of:

- Low birth weight;
- Miscarriage; stillbirth;
- Pre-mature birth;
- Sudden Infant Death Syndrome.
- Mothers who smoke are more likely to be sick during their pregnancy and have more complications.
- Children who live with smokers are more likely to have ear infections, respiratory infections, pneumonia, asthma and other lung problems. They are also at greater risk for growth and mental retardation,

attention deficit disorders, learning and development problems and long-term behavioral problems. These children are also much more likely to grow into smokers themselves.<sup>3</sup>

### **Tools and Resources:**

- [American Cancer Society, Stay Away from Tobacco,](#)
- [CDC, Resources for Researchers, Scientists, and Clinicians,](#)
- [CDC, Resources for Youth & Adults; Quitting Smoking, Secondhand Smoke and Smokeless Tobacco,](#)
- [Massachusetts Department of Public Health Tobacco Control Program,](#)
- [Nicotine Anonymous,](#) Phone: 877-879-6422
- [Smokers Quit Line,](#) Phone: 800-Quit-Now
- [Tobacco Free Kids](#)

### **References**

<sup>2</sup>Mathews, TJ, et al. 2002. Infant mortality statistics from the 1999 period linked birth/infant death data set. National Vital Statistics Reports, CDC.

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## **Key Assessment Area: *Violence***

### **Interpersonal Violence:**

**Related Standards of Care:** 10.0 and 11.0

Screening and supporting families or women experiencing violence is, of course, more than framing questions. It is imperative that your approach is appropriate and safe for both the victim and yourself. Please see Standard 10.0 for more information.

### **Suggestions for Framing Questions and Providing Counseling:**

- “We know that emotional and/or physical violence is common in many women’s relationships, so I ask all my clients about this.”
- “I am concerned.”
- “I don’t know if this is (or has been) a problem for you, but many of the patients I see are dealing with abusive relationships. Some are too afraid or uncomfortable to bring it up themselves, so I ask about it routinely.”

#### **Indirect Questions:**

- “What happens when there is a disagreement with your partner/husband/boyfriend or other adults in your home?”
- “Do you feel safe in your home or in your relationship?”

#### **Direct Questions:**

- “Have you ever been hurt or threatened by your partner/husband or boyfriend?”
- “Do you ever feel afraid or unsafe with your partner/husband/boyfriend?”
- “Has a partner/boyfriend/husband ever tried to control or isolate you?”



- “Has a partner/boyfriend/husband pushed, hit, kicked, choked, threatened, hurt or frightened you?”
- “Has your partner ever forced you to have sex when you didn’t want to? Has your partner ever refused to practice safe sex?”
- “Has any of this (above) happened to you in previous relationships?”

### **Child Abuse and Neglect:**

**Related Standard of Care:** 11.0

### **Suggestions for Framing Questions and Providing Counseling:**

- Does any adult you are living with do any of the following when they are angry?
  1. They leave
  2. They cry
  3. They yell
  4. Call people names/use put downs
  5. They hit things
  6. They hit people
  7. They throw things
  8. They do other things:\_\_\_\_\_
- Do you do any of the following when you get angry?
  1. I leave
  2. I cry
  3. I yell
  4. Call people names/use put downs
  5. I hit things
  6. I hit people
  7. I throw things
  8. I do other things:\_\_\_\_\_
- Do you have children not living with you? If so, why?
- Has there ever been a 51A filed regarding your family? If so, was the 51A supported?
- How were you disciplined as a child?
- How do you think you will discipline your child?
- How do you deal with your kids at home when they misbehave?
- Have you even been concerned about your child’s safety because of your actions or those of others in your home?

### **Tools and Resources:**

- [Administration for Children and Families, Child Abuse and Neglect Information Gateway](#)
- [American Academy of Pediatrics, Child Abuse and Neglect](#)
- [Boston Family Justice Center: Boston Public Health Commission](#)
- [CDC, Child Maltreatment](#)
- [CDC, Intimate Partner Violence,](#)
- [CDC, Sexual Violence](#)

- [Child at Risk Hotline](#): Phone: 800-792-5200.
- [Domestic Violence Screening, Referral and Information Program](#): Phone: 617-624-5413
- [Gay, Lesbian, Bisexual, and Transgender \(GLBT\) Health Access Project](#)
- [Healthfinder.gov, Child Abuse and Neglect](#)
- [Jane Doe, Inc.](#)
- [LLAMANOS](#): Linea directa para sobrevivientes de abuso sexual, Phone : 800-223-5001;
- [Massachusetts Citizens for Children](#)
- [Massachusetts Department of Children & Families](#)
- [Massachusetts Department of Public Health, Violence](#)
- [Massachusetts Dept of Public Safety, Rape Crisis Centers](#)
- [Massachusetts Department of Transitional Assistance](#), Phone: 877-382-2363
- [Massachusetts New Parent Initiative](#)
- [Massachusetts Rural and Domestic Violence and Child Victimization Project](#),  
Phone: 413-586-7525
- [National Domestic Violence Hotline](#), Phone: 800-799-7233
- [National Sexual Violence Resource Center](#),
- [Parental Stress Hotline](#), Phone: 800-632-8188
- [Rape Crisis Centers](#), Phone: 617-624-5072
- [Sexual Assault Nurse Examiner \(SANE\) Program](#), Phone: 617-624-6072
- [The Network/La Red, Ending Abuse in Lesbian, Bisexual Women, and Transgender Communities](#),  
Phone: 800-832-1901
- [US Library of Medicine, Medline Plus, Child Abuse](#)
- [US Library of Medicine, Medline Plus, Domestic Violence](#)  
<http://www.nlm.nih.gov/medlineplus/domesticviolence.html>
- [USDHHS, Women's Health, Violence Against Women](#)

## Massachusetts Department of Children & Families Domestic Violence Unit

### **Filing A Child Abuse/Neglect Report (51A) in Domestic Violence Cases**

When filing a 51A report with DCF, have as much factual information as possible. Here are a few general things that DCF will want to know about the family:

1. Name, birth date and address of the child(ren) being reported;
2. Names and birthdates of any other children in the home;
3. Names, phone number, address, and birthdates of the parent victim and alleged batterer; and
4. Names and numbers of any other important people that DCF should contact (e.g. probation, therapists, police, healthcare, etc).

Be prepared to tell DCF what you know about the risk to the children, the adult victim, and the dangerousness of the alleged batterer. This information will help DCF decide if the report warrants

an investigation and if so, help in the planning of a safe strategy for intervening on behalf of the children without increasing risk to the adult victim or to DCF staff. Any information you can gather will help.

- What is your relationship to the child(ren) you are reporting?
- Does the child, adult victim, or alleged batterer know the report is being filed? If yes, how did they respond?
- What are the best times/places to reach the adult victim alone for interviewing?
- Is there a restraining order (209A) in place? Has an arrest been made?
- What is the location of the alleged batterer? In the home with adult victim and children? Jail? Unknown?
- Does the alleged batterer have access to or use weapons? What kind?
- Is the alleged batterer known to be generally violent (e.g. toward police, strangers,)?
- How severe is the violence? Has it gotten worse over time?
- Does the adult victim have a support system (e.g. friends, family, agency help)?
- Has the alleged batterer threatened to kill the adult victim? The children? Self?
- Has the child(ren) been physically hurt as a result of the violence toward the adult victim?
- Has the child's welfare been threatened in any way (e.g. kidnapping, emotionally)?
- Has the alleged batterer or adult victim physically/sexually harmed the child(ren)?
- Does the child/adult victim express fear of the alleged batterer?
- Has the child been exposed to a long pattern of domestic violence?
- Does the alleged batterer abuse substances? The adult victim?
- What is the relationship like between the adult victim and the child(ren)?
- Does the child display any noticeable signs of trauma or distress?

In most cases, a reporter should contact the adult victim and talk about the reason you are filing a child abuse/neglect report with DCF prior to your filing. This information will help the adult victim prepare for the Department's involvement and any consequences from the alleged batterer. The only time you should not talk to the adult victim first, is if you believe doing so will compromise the safety of the child (e.g. the child will be harmed or blamed for DCF involvement, the family is at risk of fleeing). If you have any other questions about how to file a 51A safely in domestic violence cases, call your local DCF Domestic Violence Specialist or our central number at 617-748-2000.

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## **Key Assessment Area: *Emotional Health***

**Related Standard of Care: 9.0**

### **Suggestions for Framing Questions and Providing Counseling:**

A thorough assessment can act as a tool for discovering information on who your client is, what her life has been like, and with what she is currently dealing. This same assessment can also act as an intervention. Talking about one's life, troubles, worries, accomplishments, and future plans and dreams can be therapeutic and freeing.<sup>3</sup>

It's important to normalize questions about one's emotional health:

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<sup>3</sup> Wording and questions from *Promoting Maternal Mental Health During Pregnancy, Theory Practice and Intervention*, Solchaney, Joanne.

- Life is so complicated today that people can feel overwhelmed.
- Many people are “stressed”.
- Being pregnant can be very overwhelming.

Depressive disorders are recognized in only a small fraction of patients who are depressed. Recognizing that a client is depressed is best done by observing interactions, asking open-ended questions, and routinely asking about depressive symptoms and complaints. Clients should be screened routinely for depression. Screening can be done by asking questions or using a screening tool. Some clients may have physical symptoms even though they are unaware of or deny the presence of depressive symptoms.<sup>4</sup>

The **baby blues** happen in many women in the days right after childbirth. A new mother can have sudden mood swings, cry for no reason and can feel impatient, irritable, restless, anxious, lonely and sad. The baby blues generally go away quickly and do not require treatment from a health care provider.

**Postpartum depression (PPD)** can happen a few days or months after childbirth. A woman can have feelings similar to the baby blues but she feels them more strongly. PPD often keeps a woman from doing the things she needs to do. PPD is a serious condition and women should see a health care provider.

**Postpartum psychosis** is a very serious and rare mental illness. Women can lose touch with reality; have auditory hallucinations and delusions. Women need treatment right away and almost always need medication.<sup>5</sup>

### **Helpful Questions in Assessing Depression.**<sup>6</sup>

#### **Depressed mood:**

How has your mood been lately?

#### **Loss of feelings of pleasure:**

What have you enjoyed doing lately?

Have you been getting less pleasure in the things you typically enjoy?

#### **Physical symptoms:**

How have you been sleeping?

Has your appetite changed?

How is your energy?

Have you been feeling slowed down or agitated?

#### **Psychological symptoms:**

How is your concentration?

Have you been feeling down on yourself?

How does the future look to you?

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<sup>4</sup> Clinical Updates in Women's Health Care Depression and Women, The American College of Obstetricians and Gynecologists.

<sup>5</sup> FAQ about Postpartum Depression. The National Women's Health Information Center.

<sup>6</sup> Clinical Updates in Women's Health Care Depression and Women, The American College of Obstetricians and Gynecologists.

Do you ever feel like life is not worth living?

**Effects of symptoms on function:**

How are things at home and work?

How have (the symptoms) affected your home or work life?

**Mental health:**

Have you ever had any feelings like you wanted to hurt yourself or kill yourself? Tell me about those times. Are you having any of those feelings today?

Have you ever been in counseling? Was it helpful? If not, why not?

Have you ever been on medication?

**Maternal stress and anxiety:**

What are some of the things that stress you out?

What kinds of things do you do for yourself to feel better?

What do you do when you feel sad? Angry?

**Trauma or loss:**

Has anyone in your family or close to you passed away or died? Tell me a little bit about what happened. How did this death change your life?

Have you ever been through something in your life you would consider traumatic? How did this impact you?

**Pregnancy loss:**

If a woman has experienced a pregnancy loss, try to understand the significance of this loss.

She will be able to tell you either in words or behaviors whether the loss of her pregnancy has been a significant loss or a welcome answer to a desire not to be pregnant.

Observe for intense emotions that may carry over into subsequent pregnancies.

**Self Concept/Self Perception:**

What kinds of things do you do for fun? What activities do you participate in?

How are you supporting yourself right now? Do you enjoy it? Is this what you want to be doing, or do you see it as a stepping-stone?

What are your hopes and dreams for yourself? For your baby?

Do you understand your rights as a patient?

**Relationships:**

What is your relationship like with the father of your baby?

How long have you been together? How would you describe your relationship? Are you happy with it?

Ask the mother privately: does your partner ever lose his temper, throw things, threaten you or hurt you?

Do you feel safe at home? If not, why not?

How is your relationship with your mom?\*

How does your family feel about your pregnancy?

Are the other adults in your house supportive of/listened to you?

Can they be counted on to help with unexpected and emergency situations?

Do you have friends, neighbors, extended family or religious community who are supportive of/listen to you?

\*Pregnancy often results in the woman rethinking her relationship with her mother. This relationship becomes extremely important to the woman, requiring her to explore the good and bad parts of it. Typical additional questions include:

- Tell me more about your relationship with your mother? What kind of mother was she? How would you describe her?
- Were there others that you felt also might have mothered you? Grandmothers? Sisters? Who was the nurturing presence in your life?
- Did your mother ever have any major problems she had to deal with as you grew up?
- Were you able to talk to your mom about your life or how you felt about things? Can you still do this?
- What do you think your mother did really well as a mother when she was raising you? Do you plan to do these same things with your child?
- What were her mistakes as a mother? How do you think you might do things differently?
- Does your mother offer you advice on your pregnancy and the baby? What do you think of this advice?

## **Tools and Resources:**

### **Screening Tools:**

- [Beck Depression Inventory](#), 1996, Harcourt
- [Edinburgh Postnatal Depression Scale](#), Taken from the British Journal of Psychiatry June, 1987, Vol. 150 by J.L. Cox, J.M. Holden, R. Sagovsky
- [Postpartum Depression Screening Scale \(PDSS\)](#), Beck, CT and Gable, RK (2002) Western Psychological Service; phone: 800-648-8857

### **Reading:**

- [Clinical Updates in Women's Health Care: Depression in Women](#), American College of Obstetrics and Gynecologists 2002, Available for purchase at ACOG's Resource Center: 202-863-2518 or [resources@acog.org](mailto:resources@acog.org)

## **Tools and Resources:**

- [American Academy of Family Physicians](#), Phone: 913-906-6000
- [American College of Obstetricians & Gynecologists](#), Phone: 202-484-3321
- [American Psychiatric Association](#), Phone: 888.357.7924
- [American Psychological Association](#), Phone: 800-374-2721
- [CDC, Reproductive Health, Depression](#)
- [March of Dimes](#)
- [Massachusetts Department of Public Health, Postpartum Depression](#)
- [National Mental Health Association](#); Phone: 800-969-NMHA (6642)
- [Nemours, Kids Health, Parent](#)
- [NIH, Medline Plus](#)
- [Office on Women's Health](#)
- [Pacific Postpartum Support Society](#), Phone: 604-255-7999
- [Postpartum Support International](#); Phone: 800-944-4PPD (4773)

- [PubMed Health, Postpartum Depression](#)
  - [Suicide Prevention Resource Center](#),  
If contemplating suicide, National Suicide Prevention Lifeline: 800-273-TALK (8255)
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## **Key Assessment Area: *Healthy Parenting***

**Related Standards of Care:** 9.4; 9.5; 9.6; 9.7

### **Suggestions for Framing Questions and Providing Counseling:**

Be aware of the mother's cultural heritage, traditions, and customs as cultural differences will have an impact of how you interpret a mother's parenting expectations, transition to parenting, and parent-baby attachment.

### **Potential Questions:**

Parent's Expectations:

- Was this a good time for you to be pregnant?
- How do you feel about your pregnancy?
- How does your family feel about your pregnancy?
- What are you enjoying most about being pregnant?
- What do you find most difficult about being pregnant?
- What are some of the hopes you have for your baby?
- What do you think it will be like to have a baby to take care of?

Parent's Transitioning to Parenting:

- What kinds of things do you like to do with your baby (baths, singing, reading, talking, holding, walks, peek-a-boo)?
- What kind of things does your baby like best?
- How does it feel to be a parent of a new baby?
- What are you enjoying most about having a new baby?
- What do you find most difficult about having a new baby?

Parent-Baby Attachment:

- How do you feel about your baby?
- Some babies give parents very clear signals (crying, sucking on fist, body movements) about what they want or need. How does your baby let you know that he/she needs something? Are your baby's signals easy to understand?
- What have you found to be the best way to comfort or soothe your baby when he or she cries or is upset (feeding, holding, rocking, and singing)?
- Do you feel your baby is more difficult to comfort or soothe than most babies?
- What are your feelings about your early parenting experiences?

Parent's Perception of Baby:

- Now that your baby is \_\_\_\_ weeks/months old, what changes have you seen in him/her?
- What new things is your baby doing since the last visit?
- How is your baby developing compared to other babies his/her age (your other children/your friend's children)?
- Is your baby developing as you expected? Gaining weight as you expected?

- What information have you received from your baby's clinic/doctor about your baby's growth and development?

#### **Tools and Resources:**

- [AAP, Healthy Children](#)
  - [APA, Parenting](#)
  - [Child Welfare Information Gateway](#)
  - [Early Intervention Services](#), Phone: 617-624-5975
  - [Family Nurturing Center of Massachusetts](#), Phone: 617-474-1143
  - [Grandparents Raising Grandchildren](#), Phone: 617-748-2454
  - [Massachusetts Children's Trust Fund](#)
  - [Massachusetts Children's Trust Fund, One Tough Job, Parenting Resources](#)
  - [Massachusetts Family TIES Program](#), Phone: 800-905-TIES (8437)
  - [Massachusetts Society for the Prevention of Cruelty to Children](#)
  - [Nemours, KidsHealth, Parenting](#)
  - [NIH, Medline Plus, Parenting](#)
  - [Parents Helping Parents](#), Phone: 800-632-8188
  - [USA.Gov, Grandparents Raising Grandchildren](#), Phone: 800-333-4636
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#### **Key Assessment Area: *Developmental Assessment (0-12)***

**Related Standard of Care:** 1.0

#### **Tools and Resources:**

- [Ages & Stages Questionnaire](#), third revision
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#### **Key Assessment Area: *Physical Assessment***

**Related Standard of Care:** 1.0

#### **Tools and Resources:**

- [Maternal and Child Health Home Visiting Nursing Standards and Competencies](#)
  - Nurse-Midwifery Handbook: A Practical Guide to Prenatal and Postpartum Care, Linda Wheeler, CNM Spiral Edition; Published by Lippincott-Raven Publishers; March 1997
  - [March of Dimes, Nursing](#)
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